

MEDICAID FORM RELEASE MEMO

TO: FRM Distribution FRM Number: NMO draft
FROM: Publications Control Issue Date: TBD
Effective Date: Upon Receipt
SUBJECT: Behaviorally Complex Rate Request and Review Form

The following is for your information and action. A facsimile of the new or revised form is shown; the actual form may vary in size, color, type of paper or printing method. Please update your FRM log and Forms Manual.

- ☒ NEW FORM/BULLETIN
- ☐ REVISED FORM: Destroy old version after new stock is received.
- ☐ SUPPLY is being sent to all using offices.
- ☐ REVISED FORM: Use old version until supply is exhausted.
- ☐ Revised FORMS CONTROL INDEX

- ☐ SUPERSEDED: Form/date _____, FRM _____
- ☐ OBSOLETE: Form/date _____, FRM _____

PURPOSE: The Behaviorally Complex Rate (BCR) Request and Review Form will be utilized by Nursing Facility providers; to request a Behaviorally Complex Rate, and the Division of Health Care Financing and Policy (DHCFP), Long Term Support Services, Nursing Facilities Unit to review the request. The form includes the documentation requirements to support the request for BCR. This form will be utilized by the Long Term Support Services, Nursing Facilities Unit in determining the completion of the documentation requirements in determining approval or denial for the Behaviorally Complex Rate Request.

INSTRUCTIONS: The requesting facility will initiate the request for New or Continued request. The Behaviorally Complex Rate (BCR) may be approved for those recipients exhibiting extreme, unpredictable aggression; recipients who have been treated for their severe medically-based behavior disorder or other medical conditions across multiple medical, institutional and/or correctional environments with little or no success; or recipients exhibiting behaviors extremely disruptive or dangerous to themselves, other recipients or Nursing Facility staff. The term "medically based behavior disorder" includes mental health diagnoses, if the diagnosis substantiates the behavioral manifestations, or if the individual is aggressive for no known reason (Medicaid Service Manual Chapter 500).

Eligibility for the BCR is based on each recipient's cumulative score, which reflects the acuity of the recipient's needs. This approach assesses the same behaviors and weighs each of the components on a scale of 0(never occurs) to a maximum of 3 (always occurs) depending on the amount of assistance/intervention that would be required for a recipient with that type of, frequency and level of behaviors. A minimum score of three (3) or greater is required for approval of BCR.

1. The requesting provider will complete the resident's demographic information, and provide the facility's Name, Address and Contact information.
2. The requesting facility will indicate in the appropriate box if the request is for a new or continued request.
Note: for continued requests documentation must be within the last 90 days.
3. Indicate the medical or psychological diagnoses that supports request.
4. Indicate the behavior(s) that support request.
5. Documentation required: Mark appropriate box for New or Continued Request. For continued request records must be submitted and reviewed as follows:
Tier I – Annually Tier II – every 180 days Tier III – every 90 days
Mark the boxes with the required documentation. NOTE: Documents not received to support request will result in denial of request.
6. **Medicaid Use only:** This section is to be utilized by the DHCFP Long Term Support Services, Nursing Facilities Staff in the review of the submitted documentation. Such documentation must:
 - a. Be provided by a qualified medical professional(s);
 - b. Include how long the severe medically based behavior disorder or other medical condition has been diagnosed;
 - c. Include a description, frequency and degree of the behavior(s), and the strategies attempted to modify the recipient's behavior and the success or failure of each.
7. Annotate the diagnosis, and current psychotropic medications.
8. Check and/or document the appropriate boxes for frequency and degree of behaviors.
 - a. Behaviors must be categorized as follows:

| | |
|--------------------|-------------------------------------------------------------------|
| Always | the recipient always (daily) requires intervention for behaviors. |
| Usually | the recipient requires interventions 4 or more days per week |
| Usually Not | the recipient requires interventions but fewer than 4 days a week |
| Never | the recipient does not have behaviors that require interventions. |
 - b. Each response has a weighted value to each of the possible response:
(Note: each response must be supported by the medical evidence submitted)
Always = 3; Usually = 2; Usually Not =1; Never =0
Maximum weighted Value = 18
Any response or score that is categorized as Always or Usually in the Injures Self or Physical Aggression Behaviors must be approved for Tier III.

9. Indicate the approval level. Space is provided to document approval comments.

| Level | Range |
|--------------|----------|
| Category I | 3 to 7 |
| Category II | 13 to 8 |
| Category III | 18 to 14 |

Note: **Any response or score that is categorized as Always or Usually in the Injures Self or Physical Aggression Behaviors must be approved for Tier III**

10. DHCFP staff may also indicate denial of request. Space is provided to document denial comments.

DISTRIBUTION:

Nursing Facilities (upon request)

**Division of Health Care Financing and Policy, Continuum of Care, Nursing Facilities Unit
Recipient Record**